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Bib Data Sheet

CONFIRMATION NO. 9200

SERIAL NUMBER 09/771,299	FILING DATE 01/25/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. C-11
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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/182,751 02/16/2000
- WHICH IS A CIP OF 09/162,117 09/28/1998 PAT 6,117,109
WHICH IS A CIP OF 08/977,845 11/25/1997 PAT 6,210,402
WHICH IS A CIP OF 08/562,332 11/22/1995 PAT 6,024,733
THIS APPLICATION 09/771,299
IS A CIP OF 09/041,934 03/13/1998 PAT 6,391,025
WHICH IS A CIP OF 08/990,374 12/15/1997 PAT 6,109,268
WHICH IS A CIP OF 08/485,219 06/07/1995 PAT 5,697,281
WHICH IS A CIP OF PCT/US94/05168 05/10/1994
WHICH IS A CIP OF 08/059,681 05/10/1993 ABN
WHICH IS A CON OF 60/062,996 10/23/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 05/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 41	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

21394

TITLE

Systems and methods for electrosurgical dissection and harvesting of tissue

FILING FEE RECEIVED 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit
